
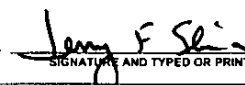


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90412 011 ***150.00

DOCUMENT # P96000101280 1. Entity Name CNA NATIONAL WARRANTY CORPORATION - FLORIDA					
Principal Place of Business CNA CENTER CHICAGO, IL 60685 US			Mailing Address CNA CENTER STATE SPECIFIC, 28-S CHICAGO, IL 60685 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 36-4124829	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP SAUNDERS, JOAN B CNA CENTER CHICAGO, IL 60685	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP JOEY H. BECKER CNA CENTER CHICAGO, IL 60685
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP SLIWA, JERRY F CNA CENTER CHICAGO, IL 60685	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	HEMME, DENNIS R.
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HEMME, DENNIS CNA CENTER CHICAGO, IL 60685	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	HEMME, DENNIS R.
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO GRAY, SANDRA CNA CENTER CHICAGO, IL 60685	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	HEMME, DENNIS R.
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP GROB, ROBERT J CNA CENTER CHICAGO, IL 60685	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	HEMME, DENNIS R.
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVS RIBIKAWSKIS, MARY A CNA CENTER CHICAGO, IL 60685	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	HEMME, DENNIS R.
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		Jerry F. Sliwa, Asst. Vice President		03/31/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

50008690



03302006 Chg-P CR2E034 (11/05)

ATTACHMENT



CNA Center Chicago IL 60685-0001

Neifia O. Dority, Accounting Supervisor
State Specific, Statutory Reporting, 28th FI
Tel. # (312) 822-4314
Fax # (312) 817-0900
E-mail-Neifia.Dority@cna.com

March 31, 2006

State of Florida
Division Corporation
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

Re: 2006 Profit Corporation Annual Report and Filing Fee
CNA National Warranty Corp. - Florida

Dear Sir/Madam:

Please find enclosed the completed 2006 Profit Corporation Annual Report and a check in the amount of **\$150.00** as a filing fee on behalf of **CNA National Warranty Corp. - Florida**.

If you have questions or concerns, please do not hesitate to contact me.

Very truly yours,

A handwritten signature in cursive script that reads "Neifia O. Dority".

Neifia O. Dority

ATTACHMENT

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#P96000101280

CNA NATIONAL WARRANTY CORPORATION - FLORIDA

Officers

Chief Executive Officer & President	Joey H. Becker
Executive Vice President	Donald Oliver
Senior Vice Pres. & Chief Financial Off.	Sandra Gray
Senior Vice President & Asst. Secretary	Robert Ricky Jones
Vice President & Treasurer	Dennis R. Hemme
Assistant Vice President	Robert J. Grob
Assistant Vice President & Secretary	Mary A. Ribikawskis
Assistant Vice President	Jerry F. Sliwa
Assistant Secretary	David Lehman

Directors

Joey H. Becker
Donald Oliver
Peter Wilson